

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacies  
All Prescribers  
Managed Care Plans

**Memorandum No.: 04-05 MAA**  
**Issued:** January 30, 2004

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**For More Information, call:**  
1-800-562-6188

**Subject: Updates to the Prescription Drug Program**

This memorandum describes the following changes in the Medical Assistance Administration's (MAA's) coverage **effective the week of March 1, 2004, and after:**

- Changes to Expedited Prior Authorization (EPA) codes and criteria; and
- Changes to Limitations of Certain Drugs.

**Changes to Expedited Prior Authorization (EPA) codes and criteria**

Drug	Code	Criteria
Wellbutrin SR and XL <sup>®</sup> (Bupropion SR and XL)	014	Treatment of depression. (Wellbutrin XL added to EPA code)

**Changes to Limitations of Certain Drugs**

Drug	Limit
Relpax <sup>®</sup> (eletriptan) tablets	6 tablets per month
Zomig <sup>®</sup> (zolmitriptan) nasal spray	12 nasal spray units per month

**To view MAA's current list of Limitations of Certain Drugs,  
go to:**

<http://maa.dshs.wa.gov/pharmacy>

To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov>  
(Click on the Provider Publications/Fee Schedules link).